

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			09570
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	1	1	1/17/62
2	1	1	1/17/62
3	1	1	1/17/62
4	1	1	1/17/62
5	1	1	1/17/62
6	1	1	1/17/62
7	1	1	1/17/62
8	1	1	1/17/62
9	1	1	1/17/62
10	1	1	1/17/62
11	1	1	1/17/62
12	1	1	1/17/62
13	1	1	1/17/62
14	1	1	1/17/62
15	1	1	1/17/62
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
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26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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Claim	Final	Original	Date
51			1/22/62
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Claim	Final	Original	Date
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